

State File No. 464
Registered No. 1283

County Marietta State Georgia

No. 11 Phoenix St., Ward 1
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Harold Max Vault { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <i>male</i>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <i>yes</i>	7. Date of birth <i>March 29th 1932</i> Month Day Year
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8.	FATHER	14.	MOTHER
Full name	Harold Max Aumont	Full maiden name	Gertrude Harby Evans

9. Residence (Usual place of abode)	303 W Portland	15. Residence (Usual place of abode)	Same
If non-resident, give place and state.		If non-resident, give place and state.	

10. Color or race <i>aw</i>	11. Age at last birthday <i>24</i> (Years)	16. Color or race <i>aw</i>	17. Age at last birthday <i>24</i> (Years)
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12. Birthplace (city or place) Phoenix
(State or country) Ariz

13. Birthplace (city or place) Phoenix
(State or country) Arizona

13. Occupation Nature of Industry	<i>Salesman</i>	19. Occupation Nature of Industry	<i>Housewife</i>
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20. Number of children of this mother..... <u>2</u>	(a) Born alive and now living..... <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead..... <u>1</u>	
	(c) Stillborn.....	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive at 12 15 a.m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature..... J. M. Greer
 (Physician or midwife).

Given name added from a supplemental report _____ Address _____

Month, day, year

Filed 4/13/2016 10:00 AM Registrar

853-329-752